

Montana Tobacco Prevention Program reACT Against Corporate Tobacco Mini-Grant Application Form Tobacco Days of Action & Innovative Projects

COVERSHEET

Please fill this form out COMPLETELY. Leaving items blank will result in a deduction of points.

Name of Sponsor Group/Organization:	
Address	
City, Zip	
Phone	
Website (if applicable)	
Primary Youth Contact Information (if applicable)	
Name	
Title	
Organization	
Address	
City, Zip	
Phone	
E-mail	
Primary Adult/Advisor Contact Information	
Name	
Title	
Organization	
Address	
City, Zip	
Phone	
E-mail	
Tobacco Days of Action (<i>circle one</i>) (if not doing an Innovative project): <div style="text-align: center;"> ●Kick Butts Day ● ●Through With Chew Week ● ●Both● </div>	Innovative Project (title) (if not doing a Tobacco Days of Action activism activity):

CERTIFICATION: We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge and, if awarded funding, agree to and accept the mandatory requirements of the Montana Tobacco Use Prevention Program.

x

Signature of Adult/Advisor

Date

*Sections of this application were adapted from: Mass Youth Against Tobacco Proposal Application (2007-2008), Massachusetts, USA; Montana Tobacco Use Prevention Program Mini-Grant Application (2006-2007), Helena, Montana, USA; Utah Tobacco Prevention Program Grant Application (2006-2007), Salt Lake City, UT, USA; Not On Tobacco Financial Award (2007-2008), Wisconsin, USA, to better serve tobacco initiatives and Montanans.

PROJECT NARRATIVE

Montana Tobacco Use Prevention Program Mini-Grant applications should be collaboratively developed by youth and adults. Please answer the following questions for the narrative section. DO NOT LEAVE any questions unanswered. Typed responses are preferred.

- 1) Background (200 words):
 - a. How are youth involved and engaged in your organization/coalition. Identify how many youth are currently and actively involved in your organization or coalition. Identify how many of them will be involved in this project.
 - b. Briefly describe a past tobacco prevention project/activism activity experience your organization has executed.
- 2) Involvement & Results (150 words):
 - a. What specific community, or group of youth, do you hope to reach with your project?
 - b. How will this project specifically support *reACT* goals? (*FOR HELP WITH THIS QUESTION: PLEASE read reACT goals located below*)
 - c. How will this project influence the decrease in initiation of tobacco use by Montana youth?
- 3) Budget: Please submit with your proposal a budget outline (*provided*) on how you would delegate funds to meet your goals.

reACT Goals

- ✗ Create and facilitate new and existing youth empowerment coalitions.
- ✗ Decrease the initiation rate of tobacco use among youth.
- ✗ Increase awareness of *reACT* and MTUPP programs.
- ✗ Encourage youth-led anti-corporate tobacco projects.
- ✗ Increase awareness of corporate tobacco's targeting of youth.
- ✗ Increase media literacy, peer education, and grassroots advocacy of tobacco use programs.
- ✗ Complete anti-corporate tobacco activities while incorporating the five educational components of *reACT* (education, activism, art, branding, and media).

RESOURCES

Please circle resources you will need in order to have a successful year.

✗ reACT trainings

- Tobacco 101- The basics of tobacco and the tobacco industry. Includes health affects and basic concepts of media literacy.
- *reACT* 101- Explains the *reACT Against Corporate Tobacco* statewide movement in Montana, highlighting past successes and present initiatives, as well as ways to get involved.
- Youth Advocacy 101- Highlights teen advocacy against corporate tobacco on local, national, and even international levels. This presentation is supplemented with many visuals, personal stories and real-life examples.
- Working with Youth (geared for adults only)- Explains youth empowerment, highlighting the role of adults within a youth empowerment movement, how to mobilize and support youth, and coalition development and sustainability.

✗ *reACT* information

- Brochures
- Palm Cards
- *reACT* Guidebook
- Kick Butts Day Advocacy Guide
- Zines (a magazine includes facts, poems, tobacco company quotes, *reACT* group info, drawings, and pictures)
- Guide Sheets (i.e. Publicity, Using Media)

✗ Ideas about possible activism activities and coalition development strategies

✗ *reACT* help with promotion of projects

✗ *reACT* help with completion of projects

Other, please specify:

VERIFICATION SIGNATURE

Signature of Youth Applicant(s)_____

Signature of Adult Advisor(s)_____

MANDATORY REQUIREMENTS

All prospective coalitions or existing coalitions/organizations that are awarded Montana Tobacco Use Prevention Program (MTUPP)/*reACT* Mini-Grants MUST do the following:

- Perform the scope of the work as indicated in their grant agreement with MTUPP/*reACT*. Grantees are expected to contact the grant coordinator if they experience changes or difficulties implementing their Project Narrative.
- Submit comprehensive evaluation at the end of grant cycle.
- Submit expenditure reconciliation report at the end of the grant cycle.
- Submit KEY MEASUREMENTS form at the end of grant cycle.
- Attend June 2009 Teen Summit and present your grant experience in a poster share (location TBD)
- Kick Butts Day applicants will register their activity online at kickbuttsday.org
- Provide MTUPP/*reACT* with pictures of activities/events and publicity materials (i.e. press releases, newspaper articles, advertisements, letters of appreciation, posters) in accordance with the MTUPP Media Policy.
- Be inclusive of everyone!
- Be creative and have a blast!

SUBMISSION REQUIREMENTS

- Applications must be faxed, mailed or e-mailed to the grant coordinator. Organizations will be contacted with a confirmation when complete applications have been received. Contact Sara Williams: phone (406) 444-0995, fax (406) 444-7465, e-mail swilliams@mt.gov
Address: 1400 Broadway PO Box 202951 Helena, MT 59620
- Complete proposals that meet the requirements will be reviewed by a grant review committee and scored competitively. Reviewers will include MTUPP staff and individuals with experience working in tobacco prevention.
- Grant award decisions will be made TWO weeks upon receipt of the complete application. Applicants will be notified by mail whether or not their proposal was funded. MTUPP reserves the right to make any changes to evaluation, reconciliation, and application processes.

INVOICE

Please fill out the invoice below for prompt payment of grant funds should your program be selected. This is a necessary part of the application, because you will not receive funds unless you complete the invoice. Thank-you.

[Insert letterhead here, if applicable]

INVOICE

Sara Williams
Montana Tobacco Use Prevention Program
1400 Broadway
P.O. Box 202951
Helena, MT 59620-2951

DELIVERABLE PAYMENT REQUESTED: MTUPP Mini-Grants Program
[Insert Date]

Name:
Address:

Tax ID/SSN:

Payment Amount:

Date:

Submitted by: [Your Name]

Signature

Date